

Testimony of

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Connecticut Commission on Aging

Human Services Committee

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Thank you for this opportunity to comment on two bills before you today.

The Connecticut Commission on Aging is a nonpartisan state agency that is part of the legislative branch of government. We are devoted to preparing our state for a burgeoning aging population while promoting policies that enhance the lives of the present and future generations of older adults. For over sixteen years, the Commission has served as an effective leader in statewide efforts to promote choice, independence and dignity for Connecticut's older adults and persons with disabilities. As part of our statutory mandate set forth in CGS §17b-420, the Connecticut Commission on Aging reviews and comments on proposed state legislation and budgetary issues.

**House Bill 5296: An Act Concerning the Definition of Medical Necessity**

*~CoA Supports*

This proposal would establish a new definition of "medical necessity" for the Medicaid program.

The definition is used by DSS to determine which services, such as prescription drugs and durable medical equipment, will be allowable under Medicaid. As you may recall, this definition has been a perennial issue over the past few years, as our state struggles to cut spending. Indeed, the Governor's latest deficit mitigation package again includes a change to a more restrictive definition.

Simply put, the purpose of changing the definition to match the more restrictive definition used by the SAGA program is to be able to deny individuals the care and services that they need—medicine, wheelchairs and other equipment that allows them to get and stay healthy and as independent as possible.

As a measured response and first step in resolving this issue, the legislature—just a few months ago—created a committee of stakeholders and experts to review the definition and make recommendations. The proposal before you contains the definition recommended by this group, the Medical Inefficiency Committee.

In the spirit of continuing a balanced response and consideration of this very important issue, the Commission asks that this Committee honor its past efforts, and pass this bill. It is our understanding that the Medical Inefficiency Committee will request some revisions to this proposal, and we support those revisions as well.



## **House Bill 5411: An Act Concerning Medicaid**

### *~CoA Supports*

The Commission on Aging provides qualified support for section 6 of this bill, which would require our state to seek an 1115 waiver to convert the state-funded portion of the Connecticut Home Care Program for Elders (CHCPE) to Medicaid. In essence, what this bill would do is to seek to get federal reimbursement for a program which currently is entirely state-funded. To that end, the Commission on Aging supports the effort to maximize federal funds.

However, the Commission cautions that, if this bill passes, the legislature must carefully review the 1115 waiver application before it is submitted to the Centers for Medicaid and Medicare Services. Currently, the state-funded portion of the CHCPE does not have an income limit; it is likely that this waiver application will contain an income limit, which could push some people off the program. The proposal before you does not specify what a new income limit would be.

The Commission also supports the idea to put newly obtained federal funds into the Long-Term Care Reinvestment Account. As you may know, that Account was established by PA 08-180 to collect the “enhanced match” that Connecticut receives through Money Follows the Person. Then, that money would be utilized to ensure that our state has a robust network of home- and community-based providers. Unfortunately, the state has chosen to delay the establishment of the Account to date. Dedicating newly obtained federal funds through the conversion of the state-funded CHCPE to Medicaid to enhance provider rates is an appropriate use of this Account.

Finally, the Commission would like to highlight the complexity and fractured nature of our long-term care system already. Studies like the Long-Term Care Needs Assessment indicate that our state has too many Medicaid waivers. These waivers provide programs, services and care to individuals with specific types of disabilities, such as acquired brain injuries and developmental disabilities. Unfortunately, many individuals with the same needs fall through the cracks of this system, because they do not meet the precise eligibility criteria. As a long-term goal, the Commission would like to see our system simplified.

Thank you for the opportunity to comment on these bills. As always, it is our pleasure to work with you on these issues moving forward.